



King's Research Portal

DOI:

[10.1177/1468017319883546](https://doi.org/10.1177/1468017319883546)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Stevens, M., Manthorpe, J., & Martineau, S. J. (2019). What motivates and discourages social workers from working as Approved Mental Health Professionals? Evidence about job resources and demands of the Approved Mental Health Professional role. *Journal of Social Work*. <https://doi.org/10.1177/1468017319883546>

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

What motivates and discourages social workers from working as Approved Mental Health Professionals? Evidence about job resources and demands of the AMHP role

Martin Stevens*

Jill Manthorpe*

Stephen Martineau*

*Health and Social Care Workforce Research Unit, King's College London, Strand, London, WC2R 2LS

Keywords

Social Work, Mental Health, Legal, Social Work Values, Statutory Duties, Involuntary Clients

Citation:

Stevens, M., Manthorpe, J. and Martineau, S. (2019) What motivates and discourages social workers from working as Approved Mental Health Professionals? Evidence about job resources and demands of the AMHP role. *Journal of Social Work*. (Accepted for publication 18/08/2019)

Abstract

Summary

This paper reports on a systematic thematic synthesis of literature focusing on encouraging and discouraging factors for social workers to train and practise as Approved Mental Health Professionals (AMHPs) in England. These professionals have legal authority to authorise the detention for assessment/treatment of people with a 'mental disorder' under the Mental Health Act (MHA) 1983 and other statutory responsibilities. The review included 23 papers, which reported on 14 research studies and is presented using the job demands and resources model.

Findings

The review identified a lack of quantitative studies and specific gaps in evidence about social workers' motivations or reasons why they do not want to become AMHPs. It identified job resources and demands relating to the intrinsic nature of AMHP work and extrinsic factors such as fit with social work values and the shortage of inpatient beds. Some job resources and demands overlapped and interacted.

Applications

The review suggests that a national survey of AMHPs might be timely, to examine the relative importance of the job resources and demands; to assess their impact on levels of stress and burnout and on AMHPs' motivations to continue or cease working in the role. The findings of the review support the need for increasing the number of inpatient mental health beds and community resources and establishing requirements for the availability of doctors (who may make the medical recommendation to detain) and local agreements about the role of the police and ambulance services in MHA assessments

What motivates and discourages social workers from working as Approved Mental Health Professionals? Evidence about job resources and demands of the AMHP role

Background

Approved Mental Health Professionals (AMHPs) are professionals who have been approved by an English or Welsh local authority to carry out a variety of functions under the Mental Health Act (MHA) 1983. Approval runs for five years and is based on an assessment of five areas of competence set out in regulations under the MHA 2007, notably in respect of the social perspective AMHPs are expected to bring to their tasks and their independence (The Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008). The most important facet of their work is arranging compulsory admission to hospital, which usually involves the AMHP liaising with two doctors, one of whom must be approved under section 12 MHA 1983 ('s12 doctors'), who may make a medical recommendation to detain an individual (Hale, 2017). Where such recommendations are made the AMHP is responsible for deciding whether to make the application for compulsory admission and has powers to take and convey the person to hospital. AMHPs also have formal roles in relation to compulsion in the community: they have powers to gain access to mentally disordered people living in the community and are involved in decisions about guardianship and community treatment orders (Hale, 2017). As part of their work, AMHPs liaise with family members, including the nearest relative, as well as other practitioners including social workers, and may themselves be care co-ordinators (Hutchison & Hickman, 2016). The AMHP role was introduced in England and Wales in November 2008 following amendments made by the MHA 2007 to the MHA 1983. It replaced the Approved Social Worker (ASW) role, which had been reserved for qualified social workers. In addition to social workers, mental health and learning disability nurses, registered occupational therapists and chartered psychologists, are able to become AMHPs (see Stevens, et al, 2018). However, a decade later, the great majority (95%) of the estimated 3,900 AMHPs are social workers (Skills for Care, 2018).

While no set numbers of AMHPs are required for local populations (see Department of Health, 2015, para 14.35), numbers of AMHPs are reported to be declining, compounding shortages in many parts of England and Wales (Association of Directors of Adult Social Services (ADASS) and the NHS Benchmarking Network (NHSBN), 2018; Care Quality Commission (CQC), 2018; Department of Health (DH) and CQC, 2016; Hudson & Webber, 2012; McNicoll, 2012; 2013a; 2013b; 2013c; 2016). This suggests that retention may be as big a problem as recruitment. Hudson and Webber (2012) reported that a third of their survey's 504 respondents did not want to continue as AMHPs or were not sure. In addition, the AMHP workforce is ageing: over 30% of AMHPs are over the age of 55, compared with 21% of all social workers (Skills for Care, 2018),

although AMHPs are likely to be older, since AMHP training can only be taken after social work experience typically of two years and more.

In line with earlier evidence about stress and difficulty in managing the emotional element of the ASW role (Evans et al., 2006), there is evidence that AMHPs experience high levels of stress. The closest equivalent to Evans et al.'s study of ASWs (162 responded from an unknown baseline) is Hudson and Webber's (2012) survey of AMHPs (with 504 responding out of an unknown baseline). Both studies used the General Health Questionnaire and the Maslach Burnout Inventory to assess stress levels. Hudson and Webber (2012) found high levels of stress, with 43% of AMHPs (n=198) reaching the threshold for common mental disorder such as depression and anxiety. As Hudson and Webber noted, while this rate was high, it had fallen in comparison with the 53% of ASWs who reached this threshold previously (Evans et al., 2006). Only 5.7% of their ASW respondents reached the threshold for burnout, defined as 'a combination of emotional exhaustion, depersonalisation and low personal accomplishment' (Evans et al, 2006: p. 75) on the Maslach scale. However, emotional exhaustion was high among the AMHPs responding to Hudson and Webber's (2012) survey, which carries potentially serious consequences in terms of such social workers becoming so emotionally drained that they cannot 'give of themselves' (Evans et al, 2006: p. 75) to the work. This is of particular importance if emotional labour (a concept developed by Hochschild, 1983) is required of AMHPs, which Vicary (2017) conceptualised as managing contradictory and intense emotional situations, whilst retaining the ability to maintain enough distance from emotional reactions in order to think calmly through the options.

NHS Digital (2016) reported a 50% increase in applications for detention under the MHA 1983 from 43,361 in 2005/6 to 63,622 in 2015/6, creating more demand for AMHPs. While these rates are broadly similar to those in the rest of Europe, the rate of increase in England is greater and community mental health services are under pressure generally (Wessely, 2018). Perkins and Repper (2017) have argued that a national shortage of mental health hospital beds means that access to inpatient care is unavailable until patients reach a crisis point. Furthermore, community mental health services have been cut over the past few years, exacerbating the impact of bed-shortages (ibid.).

This article reports the results of a thematic synthesis review, a method described in the following section, that was completed in late 2018. In the findings section, we outline encouraging and discouraging factors for AMHPs, under the framework of the job demands and resources (JD-R) model, as reported in the literature. This model is based on the premise that job strain, burnout or work engagement are influenced by the balance between job resources and demands (JD-R) (Bakker and Demerouti, 2007). The JD-R model predicts that job resources (such as good management support, autonomy or discretion within a job role) support motivation, work engagement and performance, whereas job demands (such as work pressure, emotional

nature of work) can lead to increased stress and ultimately burnout and ill-health. However, job resources can limit or 'buffer' the impact of job demands. Bakker and Demerouti (2007; 2017) have cited much research in support of these hypotheses, but stress that every occupation has particular job demands and job resources. Here we focus mainly on identifying the nature of job demands and resources related to the AMHP role.

The review

The review aimed to identify evidence about factors promoting and inhibiting recruitment and retention of social workers to the AMHP role. It was commissioned by the Chief Social Worker for England.

While we did not undertake a full systematic review (as there were too few studies and thus we did not rank by quality), we followed the guidelines for reviews identified in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement (Moher et al., 2009) and include a Flow diagram (Figure 1 below). We undertook a thematic analysis (see Thomas & Harden, 2008) enabling us to synthesise qualitative and quantitative data from a variety of studies and accounts.

Data searching

We applied the following inclusion criteria to realise the aim of the review :

Inclusion criteria

- English language studies on social worker AMHPs that include: mental health social workers who are/are not AMHPs; mental health team managers; AMHP Leads (professionals with lead responsibility for an AMHP team in a local authority); people with experience of being assessed under the MHA 1983 by an AMHP.
- English language publications about AMHPs (other than research studies) that include personal testimony and opinions about the social worker AMHP role from the following: mental health social workers who are AMHPs/are not AMHPs; mental health team managers; AMHP Leads; people with experience of being assessed under the MHA 1983 by an AMHP.
- Published since 2008 (when the relevant sections of the MHA 2007 were implemented in England and Wales) and relating to the English context.

Search strategy

A broad initial database search using 'Approved Mental Health Professional' as a search term yielded a manageable number (n=303) of results. Given the modest number of results, we did not narrow the search as originally intended. We searched five databases: Social Care Online; ProQuest Social Science Premium Collection (includes Applied Social Sciences Index &

Abstracts; Sociological Abstracts); PsycINFO; Medline; and Ingenta Connect. On advice from experts in the field, we 'hand searched' the contents pages of four journals (see Table 1), including all editions since 2008 and the bibliographies of four PhD theses (Hall, 2014; Morriss, 2014; Stone, 2018; Vicary, 2017); and included other references suggested by contacts. The different methods of searching generated 409 references, including duplicates, see Table 1.

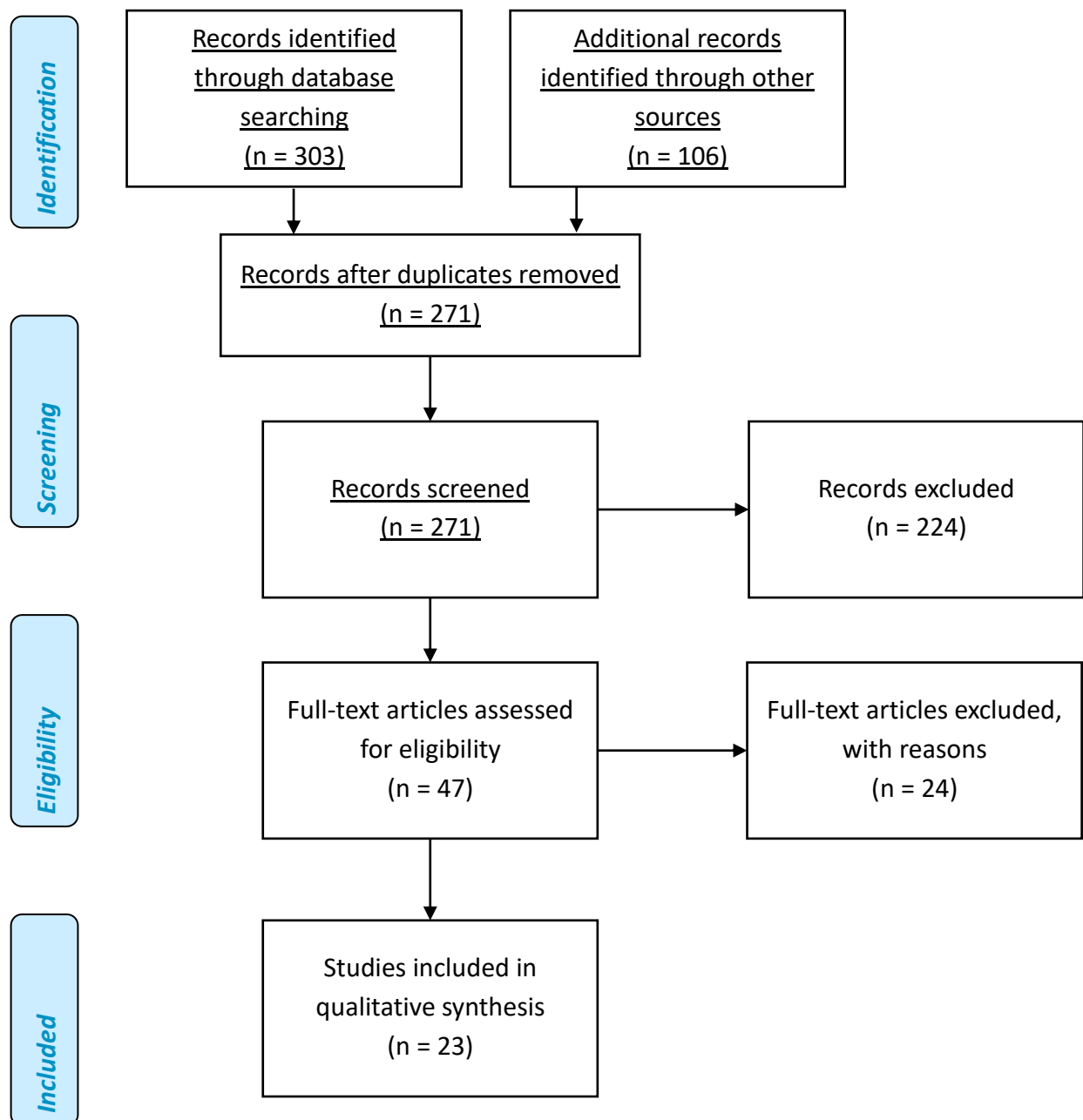
**Table 1 Number of references by source
before removing duplicates**

<i>Source</i>	<i>References</i>
Database searches	303
Hand searches	
<i>British Journal of Psychiatry</i>	1
<i>British Journal of Social Work</i>	6
<i>Journal of Social Work</i>	1
<i>Journal of Social Work Practice</i>	4
Four PhD theses' bibliographies	82
Other references identified through contacts	12
Total	409

Study selection

After removing duplicate references, using the EndNote bibliographic database and further checking, two members of the team screened 271 references by title and abstract to identify relevant sources, as shown in Figure 1. Given the lack of found material based on empirical research and the exploratory nature of the review, we included 'magazine articles', all from the online publication *Community Care*; two reports; and one blog. After this initial screening, 47 papers were retrieved, 24 of which were excluded after reading the full text because they did not address the research aim (for example because they gave a general description of the role of social work in mental health), which left 23 publications to include in the review.

Figure 1. Flow diagram (drawing on source: Moher et al, 2009)



Data extraction

Following a simplified version of thematic synthesis approach (Thomas & Harden, 2008) in that we did not code data line by line as not all material was relevant, we undertook a staged process of coding and theme development. A data extraction table was developed in the form of an Excel spreadsheet. This recorded bibliographic data and descriptions of findings in relation to the aim of the review. Following the initial data extraction, material related to each facet of the topic

(i.e. those factors that *promoted* and those factors that *inhibited* recruitment and retention) was read and sub-themes identified. New fields were created for each sub-theme and references with relevant findings were identified.

Findings

In this section, we first present an overview of literature found, in order to highlight gaps in the research. The remainder of the section reports the findings of the literature review in thematic form, structured by features of the JD-R, as discussed in the introduction.

Overview of research

Table 2 shows that 16 of the 23 publications found were reporting on 14 separate research studies. Three studies (Gregor, 2010; Hannigan and Allen, 2011; Hatfield, 2008) related to ASWs just before the introduction of the AMHP role. They are included as they fell within our timescale (post-2008) and because of the similarity between the two roles.

Table 2. Description of material (n=23) covered by the review	
Type of publication	Type
<ul style="list-style-type: none"> Journal article (n=8) Magazine article (n=7)* Report (n=4) Thesis (n=3) Blog (n=1) 	<ul style="list-style-type: none"> Research – Qualitative (n=9, all peer reviewed, 8 studies) Research – Quantitative (n=4, of which 1 was peer reviewed, 3 studies) Research – Mixed methods (n=3, of which 1 was peer-reviewed) Journalism (n=6) Testimony (n=1)

*All from the online *Community Care* magazine.

Three quantitative studies were found: a survey (n=504) of AMHPs (Hudson & Webber, 2012; Webber, 2012); a survey (n=100) of local authorities (ADASS & NHSBN, 2018); and a secondary analysis of ASW activity (Hatfield, 2008). The CQC (2018) review of mental health services employed mixed methods, which involved site visits and interviews or focus groups with 250 individuals, including managers, AMHPs, other social workers, service users and carers.

Most of the research evidence from AMHPs has a small sample size, is qualitative and maps out the kinds of problems experienced and the reasons for working as an AMHP: it is therefore not possible from this evidence to give a strong indication of the relative distributions across the AMHP workforce. We have included some personal testimony to complement the research evidence, as the themes discussed in these other publications were similar and illustrative of those study findings.

Job Resources

Evidence of job resources, which possibly motivate social workers to train and continue in the role, was found in fewer publications than were job demands (13 compared with 18). Some job resources were linked to job demands: these factors could increase levels of stress but may also provide a sense of personal accomplishment or making a positive difference. Such factors may be seen as ‘challenge’ job demands, the impact of which depends on context and levels of support (Bakker & Demerouti, 2017: p. 275). We explore these connections in the discussion. Four job resources (role fits with social work; independence of the role; the contained and dynamic nature of the work; and, increased knowledge and skills) relate to the intrinsic nature of the AMHP role, whereas two (career development; and support from colleagues) relate to extrinsic factors.

Job resources related to the intrinsic nature of the role

Role fits with social work

There is some evidence that social workers believe that the AMHP role is a good fit with social work values and that they feel well qualified to undertake the kinds of emotional labour required (Gregor, 2010; Morriss, 2014; Vicary, 2017). Gregor (2010) defined emotional labour as ‘the often undocumented aspects of a job that agencies require of their workforce such as being polite, approachable and even-tempered at all times, even in the face of unwarranted provocation from customers of the agency’ (Gregor, 2010, p. 432). While this needs some modification for social work, Gregor (2010, p. 441) recommended that support for AMHPs, from employers and through peer groups, needs to address the risks of occupational stress. Later interviews with social worker AMHPs reveal a feeling of being very well placed to ensure that decisions to detain are taken respectfully, keeping the person at the centre (Morriss, 2014; 2016; Vicary, 2017) rather than seeing them as the source of ‘provocation’ which may be because AMHPs generally take appropriate account of the social context (Watson, 2016).

Independence of the role

Having to make independent decisions was identified as a positive aspect of the role in three studies (CQC, 2018; Morriss, 2014; 2016; Watson, 2016). For participants in Morriss’ (2014; 2016) study, independence, particularly in relation to the medical profession, was one defining attribute of social workers, making them feel particularly suited to the AMHP role. Furthermore, one of the AMHPs contributing to Godden’s (2012) blog also valued the role’s requirement to take decisions independently.

Contained and dynamic nature of the work

AMHP work was seen as being ‘contained’, in that MHA assessments are complex, discrete tasks with a clear endpoint. This was another positive aspect of the role for some social workers, for whom the impacts of other aspects of social work were less clear-cut (Gregor, 2010; Hudson & Webber, 2012; Watson, 2016). This element of the role was linked with the work’s dynamic,

often unpredictable and urgent nature and the sense that a good decision following an MHA assessment could ultimately lead to positive outcomes for the person in crisis (Gregor, 2010; Watson, 2016).

Increased knowledge and skills

Three studies identified social workers' enthusiasm for the increased knowledge and skills about law and mental health gained from AMHP training and practice (Gregor, 2010; Hudson & Webber, 2012; Watson, 2016). The AMHP role was seen as being highly respected and valued in many of the areas covered by the CQC (2018): AMHPs were regarded as local experts.

Extrinsic factors

Career

A commonly cited reason for becoming an AMHP was that it was in effect 'required' of social workers who wished to continue their specialism as a mental health social worker. This was also linked to a view that becoming an AMHP would be valuable for career progression, which may be associated with higher pay (Gregor, 2010; Watson, 2016). A desire for job security was another factor motivating some (Watson, 2016). We do not know if AMHPs stay longer in the profession than other social workers; such information might be forthcoming if Social Work England (the new regulator in England) collects such data or if an AMHP register is constructed. Career-related factors can be seen as a job resource in that they provide an extrinsic motivation to take up the role and continue in it.

Support from colleagues

Support from colleagues was highly valued and seen as a generally positive aspect of the AMHP role in three studies (CQC, 2018; Gregor, 2010; Hudson & Webber, 2012). Peer support was also identified as a specifically positive aspect of working as an AMHP by a contributor to Godden's (2012) blog. Positive experiences of peer support contrasted with a feeling of general lack of support and supervision from managers (Gregor, 2010), which are identified as a job demand in the next section.

Job demands

Factors that can be considered as job demands were identified in 18 of the 23 publications; five of which are related to the intrinsic nature of the AMHP role: emotional labour in the sense of self-control and management of emotions; isolation; lack of fit with social work values; impact on ongoing relationships with service users/carers; and complexity. Extrinsic job demands are divided into factors related to service provision and organisational contexts. Four job demands relate to service provision: support from doctors; accessing s12 doctors, the Police and Ambulance Services; shortage of acute mental health hospital beds; and lack of community

alternatives. Five factors related to organisational contexts: legal accountability; organisation of mental health services; workloads; levels of pay; and management support.

Job demands related to the intrinsic nature of the role

Emotional labour

AMHPs report generally working with people in a heightened emotional state, some of whom may have a reputation for violence, which can be quite frightening, particularly as they report being often left on their own with the assessed person to arrange hospital admission or to implement alternatives. Most of the 20 participants in Stone's (2016) study said they were fearful of being harmed during AMHP duties (participants had been in practice between 5 - 40 years) which may affect their management of their emotions in such settings.

Isolation

Some social workers based in a Community Mental Health Team said they felt isolated professionally as social workers (Morriss, 2014) and she reports that this might be so for AMHPs if there are few other AMHPs in the team. One participant in Morriss's (2014) study emphasised the 'pressures of being the only 'real' social worker in the team' (ibid., p. 139). As noted above, the time-sensitive nature of decision-making and the need to juggle competing pressures could be an additional pressure (Vicary, 2017). These elements add to the difficulty of working in professional or personal isolation: this was identified by a participant in Gregor's (2010) research as interfering with her ability to undertake a 'decent' assessment interview:

...the pressure to get things going I always find winds me up enormously and I find it very difficult to actually relax enough to do a decent interview. I'd like to do better ones, but I know that . . . I get too anxious about it. (Gregor, 2010, p. 437)

Lack of fit with social work values

In contrast with the job resource noted above, there was evidence of concern about the fit with social work values. Buckland (2016) undertook a Foucauldian discourse analysis of decisions to use compulsory powers under the MHA 1983. Her study identified problems in relation to a perceived lack of fit of the AMHP role with social work values. The role was conceived as representing the more controlling element of the traditional 'care and control' tensions of the profession. Buckland presented this as a problem for some social workers who were committed to a view of mental health problems more as mental distress than illness. However, there was evidence of both kinds of discourse in some of the social workers' accounts (ibid.). Other studies (Gregor, 2010; Morriss, 2014) reported that AMHPs struggled with the implications of decisions to detain: for example, a participant in Morris's (2014) study stressed that, "The gravity of removing somebody's liberty really weighs on me, it really does" (p. 126).

Impact on ongoing relationships with service users/carers

Both Morriss (2014) and Vicary (2017) cited Hurley and Linsley's (2006) finding that undertaking MHA assessments did affect the therapeutic relationships for ASWs and active repair was needed in almost all cases. However, Hurley and Linsley (2006) reported that the ultimate outcome was sometimes a stronger therapeutic relationship and irrevocable damage was reported by only a very small number; much depended on the quality of any relationship prior to the MHA assessment and the way assessments are undertaken. These findings derive from a pre-2008 study but are suggestive of a potential emotional impact of MHA assessments on both the social worker and the person being assessed, which in turn might indicate that this aspect constitutes a job demand for the social worker.

Complexity

There was some evidence that social workers find the complexity of the role problematic (Hatfield, 2008; Dwyer, 2012; Vicary, 2017). Hatfield's (2008) analysis of ASW activity, just before the AMHP role was introduced, found that they were often working with people with a complex mix of severe mental health illness, social deprivation and substance misuse, which other social workers might find difficult; she concluded that mental health social workers were uniquely equipped to identify pertinent factors in the social context of the person concerned. The practical and emotional aspects to the complexity involved in an assessment: decisions about the need for an assessment, on the basis of sometimes unclear and incomplete information; coordinating the involvement of different professionals; assessing the individual's needs and wishes and balancing these with the views of relatives; weighing the AMHP view against that of the s12 doctors; arranging hospital admission or managing the follow-up if a decision is taken not to detain are mentioned by Dwyer (2012) and Vicary (2017). Vicary's (2017) participants explained that these elements were often not undertaken in sequence and required quick decision-making throughout. Stone (2016) also referred to the use of warrants to gain entry as being the last resort, and noted the delays encountered when seeking such power, heightening the complexity of the individual assessment and having a knock-on effect on workload.

Extrinsic job demands related to service provision

Support from doctors

AMHPs in Vicary's (2017) study described working relationships between AMHPs and doctors as often imbalanced, centring round decisions to hold assessments and the division of labour during assessments, most typically after a decision about whether to detain has been taken. This may involve the AMHP waiting with the assessed person, whom they reported as sometimes being violent or aggressive, which is already a stressful element of the role. Doctors were reportedly tending to leave the setting as soon as the decision to detain or not had been made (Stone, 2016; Vicary, 2017), which left AMHPs feeling isolated: this passing on of responsibility has also been termed 'roll over' (Vicary et al, 2018).

Accessing s12 doctors and services (Police, Ambulance)

Several research studies stressed that difficulties in accessing s12 doctors and liaising with the police and ambulance services increased the stresses of undertaking assessments, and contributed to uncertainty about working hours (CQC, 2018; Gregor, 2010; Hudson & Webber, 2012; Morriss, 2014; Vicary, 2017). Arranging for two doctors (one of whom must be s12 approved) to undertake the assessment was often challenging and sometimes delayed, increasing the pressure (CQC, 2018; Hudson & Webber, 2012). ADASS and NHSBN's (2018) surveys found that 'waiting for doctors' accounted for more than a quarter (28%) of the delays of over four hours between referral and assessment, suggesting this is a significant problem. Other delays in transferring an assessed person to an in-patient facility after a decision to detain had been taken were also caused by slow ambulance response times, which, in nearly a fifth (18%) of assessments reported by ADASS and NHSBN (2018) exceeded four hours. Anecdotal evidence from AMHPs in support of the importance of these aspects of organising an MHA assessment was provided by Godden (2012) and McNicoll (2016).

Shortage of acute mental health hospital beds

There is a shortage of acute mental health hospital beds in England (CQC, 2018; Gilbert, 2015). Waiting for a bed was the reason for delays of over two hours in over half (52%) of the assessments reported in ADASS and NHSBN's (2018) surveys. In the focus groups half of AMHPs had not been able to complete assessments because of a shortage of beds: this had led to 'premature discharge and repeat admissions' (CQC, 2018, p. 10) in some cases. Finding a hospital bed is identified as the most problematic practical aspect of undertaking an MHA assessment (CQC, 2018; Hudson & Webber, 2012; Morriss, 2014; Vicary, 2017) with supporting anecdotal evidence (Godden, 2012; McNicoll, 2015).

Difficulties in finding a bed were sometimes reported to give rise to conflict between the AMHP and assessed person, their family, bed managers and hospital Accident and Emergency (A&E) staff, adding to the emotionally draining nature of the work (Morriss, 2014). Some AMHPs in Vicary's (2017) study felt that finding a bed should be part of the s12 doctor's role, which increased their sense of frustration. Although the Code of Practice states that this is indeed the doctor's responsibility, local agreements may be made that transfer it to the AMHP (Department of Health, 2015, para. 14.77). Problems finding a bed could also result in the assessed person remaining in a risky situation (Morriss, 2014). In addition to the increased pressure on AMHPs, these delays could prevent them from undertaking other work or assessments (Vicary, 2017), which exacerbates the difficulties of workload management.

Lack of community alternatives

An important part of the AMHP role in MHA assessments is to consider the least restrictive option and to find alternatives to detention, in the form of community resources and services. The CQC (2018) report and other evidence cited by Perkins and Repper (2017) suggested that a

lack of community-based prevention and early intervention services leads to increased numbers of detentions, which adds to the overall workload and stress of AMHPs. Many such services have been cut due to restraint on UK public spending (ibid.). AMHPs interviewed for the CQC (2018) review reported that austerity had indirectly affected their workloads and stress because of the reductions in prevention services, supported accommodation and housing services.

Extrinsic job demands related to organisational contexts

Legal accountability

For Buckland (2014) the fact that AMHPs make MHA decisions as independent professionals, thereby potentially being legally accountable, is an indication of societal fears about the risks presented by people with mental health problems and 'locating them in the AMHP' (Buckland, 2014: p. 58). This was also noted by an AMHP quoted in Godden's (2012) blog. This element adds to the complexity and 'weight' of the task.

Organisation of mental health services

The degree to which mental health social care (usually run by local authorities) and NHS services (generally in the form of a secondary NHS Mental Health Trust) are integrated affects AMHPs' organisational context and support. Continued frustrations are reported about the difficulties of using different NHS and social care data systems, which remain separate whatever the level of integration in mental health services (CQC, 2018). This was unsurprisingly felt by some AMHPs to have a negative effect on data sharing and recording. Under section 75 NHS Act 2006 local authorities and NHS mental health services may pool resources and distribute functions between the parties to improve service provision: where such agreements had been dissolved, this could cause tension between the teams (CQC, 2018).

Workloads

Despite the shortage of AMHPs, which may have increased workloads (McNicoll, 2013a), little is known about caseloads or the working life of AMHPs through methods such as diaries or observations over time using ethnographic methods. A former AMHP (Anonymous, 2013) described in a blog how changes in structure had increased her workload, not only because there were not enough AMHPs, but also because there were fewer qualified staff, which added to the workload to an extent that she felt unable to work safely.

Hudson and Webber (2012) found that many AMHPs reported problems balancing AMHP and non-AMHP work (which might involve numerous activities but is rarely specified), which could lead to working unpaid extra hours and increased pressure. Furthermore, referrals and the length of assessments are unpredictable, making managing workload difficult and added to the stress of the work (Gregor, 2012; Watson, 2016). However, this element may add to a sense of the work being dynamic and almost 'exhilarating' (Vicary, 2017: p. 165) possibly linking this aspect with the contained and dynamic nature of the role. However, we do not have data about

overtime, time off in lieu, or shift working, meaning that atypical anecdotes may dominate accounts of practice.

Levels of pay

Two research studies and two blogs, which included verbatim comments from AMHPs, highlighted that rates of pay are considered too low in relation to the level of responsibility and compared to NHS pay for doctors. Pay therefore provided no overt incentive for social workers to become or continue working as AMHPs (CQC, 2018; Godden, 2012; Hudson & Webber, 2012; McNicoll, 2016). In a previous study (Stevens et al rs, 2018), remuneration appeared to have an important and mainly negative effect on health professionals' motivations to become and continue working as AMHPs.

Management support

Gregor (2010) found that ASWs felt undervalued by what they saw as a lack of management support, although a mix of opinions was reported about the adequacy of support in the CQC (2018) report. Feelings of a lack of management support had a negative impact on stress levels (Hudson & Webber, 2012). There was a good deal of earlier evidence that ASWs had felt unsupported by managers according to Morriss (2014). The CQC (2018) suggested that management support is better in specialist AMHP teams or hubs compared with working as an AMHP within a Community Mental Health Team or on an AMHP rota. These data do not appear to have been compared to other social workers' reports on management support.

Discussion

Hussein (2018) set out some of the potential causes of stress and burnout for social workers in children and adult services as being: "inadequate staffing, excessive workload, poor leadership, lack of support, lack of opportunity for skills development and negative public image" (p. 920). In addition, working with 'more vulnerable' people in situations where emotions might be heightened creates more 'emotional exhaustion' for all social workers (Hussein, 2018, p. 911) but this study did not address AMHP work. The literature analysed for this present review found indications that these factors may affect AMHPs, which we have identified as job resources and demands in the findings section. The *Independent Review of the Mental Health Act 1983* (Wessely, 2018) does not make any major recommendation about changing the AMHP role, which means that the job resources and demands related to the intrinsic nature of the role are not likely to be directly affected by any new legislation in England and Wales; although there are recommendations about not using police transport to convey a person to hospital and improving ambulance services with bespoke vehicles (p. 188).

Job resources

Becoming an AMHP was seen by some as a career progression requirement or a 'stepping stone' to career development for social workers. Many AMHPs reported receiving good support from colleagues which has been found to be linked to achievement of work goals and thereby work engagement and retention (Bakker and Demerouti, 2007). Such factors are clearly job resources. These could be enhanced by local authorities and professional leaders promoting the value of AMHP work for social workers' career pathways including part-time work.

Challenge job demands

Many of the 'job resources' we identified appeared also to be linked to job demands and can therefore be considered 'challenge job demands', defined as "demands that cost effort but that potentially promote personal growth and achievement of the employee" (Bakker and Demerouti, 2017, p. 277). There was some unease amongst some social workers about whether the AMHP role is at odds with social workers' values, giving rise to role stress. Such concerns echo international debate about the legal basis for compulsory hospital admission of people with mental ill health, in respect of the requirements of the 2006 United Nations Convention on the Rights of Persons with Disabilities (Abbott, 2017). Buckland (2016) identified perceptions that decisions to detain people in hospital represent an extreme of the care and control dichotomy of social work practice, again reflecting international debate about this aspect of mental health social work (Abbott, 2017). However, many of the studies included in this review present an alternative view that social workers are well placed to undertake the AMHP role because of their understanding of the importance of social context and commitment to a person-centred approach, which are also social work values (Gregor, 2010; Morriss, 2014; Vicary, 2017).

Balancing the care and control elements within social work is a perennial difficulty of the profession (Parton & O'Byrne, 2000). Of key interest is the tension between the requirement to support people "to make informed decisions about their lives and promote their autonomy and independence, **provided** this does not conflict with their safety or with the rights of others" as set out in the British Association of Social Work (BASW) code of ethics (BASW, 2014, p. 10, emphasis added). As Bisman (2004) argued, social work is constantly in tension with different moral perspectives, which lie behind social work values, so there is likely to be continual debate about the fit of the AMHP role. This could be a valuable topic in further in-depth research on social workers' performance of the AMHP role, drawing on a wider range of methods, and how they manage this consistently and confidently.

While the independence of the role, particularly in relation to decision-making, was an intrinsic job resource, the associated legal accountability for these decisions and a sense of isolation were identified as job demands. We found evidence that workload was increasing and considered to be more problematic. Many social workers participating in the research studies cited acknowledged the difficulty of working in highly emotionally charged situations as well as finding

the responsibility for making potentially life-changing decisions onerous. However, some experienced this work as dynamic and enjoyed the sense of managing these complex and emotional situations.

The impact of these ‘challenge job demands’ in terms of burnout or motivation may depend on context, quality of support and the extent of autonomy experienced by the worker. For example, the level of uncertainty about the workload and its effect on other parts of life may well negate the ‘challenge’ element of this job demand and increase its negative impact on wellbeing and work engagement. Management support for AMHPs was identified as insufficient in two studies (Gregor 2010; Hudson & Webber, 2012), although a mixed picture was found by the CQC (2018). We have earlier identified problems in managing multi-disciplinary teams and the complexities of managing AMHPs when they are distributed amongst Community Mental Health Teams (Stevens et al, 2018). These appeared to make it difficult for health professional AMHPs to access good supervision and management support, which may also be the case for social worker AMHPs. Some of the difficulties between health and social care agencies discussed below may also exacerbate this problem. The more positive evidence about support from colleagues may be reducing the negative impact of challenge job demands. Perceptions of the financial rewards not matching the responsibility and work involved may connect with a lack of resources rather than a demand, although the perception of being insufficiently paid could well increase the impact of job demands, as predicted by the JD-R model. We note that studies do not generally collect information about basic pay, overtime or other financial rewards in social work which might be helpful in making observations about pay levels.

Job Demands

The review identified practical frustrations of the AMHP role, which increased the pressure of the work. A lack of community-based alternatives to compulsory detention added to the demands of the AMHP role as well as lack of hospital beds. AMHPs experienced frustration over using different NHS and social care information systems, aggravating the practical difficulty of the role. These factors support the case for increasing in-patient capacity and community services, with the latter being one of the main recommendations of the *Independent Review of the Mental Health Act 1983* (Wessely, 2018, p. 13).

In areas where section 75 (NHS Act 2006) agreements between NHS Trusts and local authorities had broken down, this had created tensions between health and social care staff, creating further demands on AMHPs who have to coordinate MHA assessments involving NHS doctors and nurses (CQC, 2018). Such situations exacerbate wider problems identified in securing the involvement of s12 doctors, and Police and Ambulance services. It may be that improving relationships between health and social care organisations and making it easier to work with different recording systems could reduce workload and consequent stress.

National guidance and local policies about the availability of s12 doctors to undertake MHA assessments (not underestimating workforce challenges in this area of medicine, see Sarfraz et al., 2016) may help reduce the workload created by each assessment. A similar effect might be gained by developing consistent policies about the role of the Police and Ambulance services in supporting MHA assessments or perusing the Mental Health Review's recommendations (Wessely, 2018). Finally, enabling social workers to contribute evidence from their experience of working as AMHPs to local decision making about the commissioning and availability of emergency mental health hospital beds or community alternatives, could help improve these factors, both of which appear to generate problems in undertaking MHA assessments.

Further research and local data collection

We found little evidence directly relating to the motivations of social workers to become AMHPs despite the substantial evidence on why people choose to train as social workers (eg Stevens et al, 2012). No study has apparently asked social workers why they do not wish to qualify as AMHPs or asked former AMHPs why they are no longer doing this work, although recent work has examined why eligible non-social workers are not taking up the role in large numbers (Stevens et al, 2018).

Research that directly asks about social workers' motivations to apply for or refuse AMHP training appears to be lacking and would provide valuable information to improve the supply of AMHPs. We do not know how many practise as AMHPs following qualification or do not seek to reapply for their warrants. We lack comparative data to assess whether the job resources, demands and challenges identified by the review are profession-wide stressors, span other human services work or are more common in AMHP work. We found qualitative research (particularly Morriss, 2014; Vicary, 2017) and earlier surveys (Hudson & Webber, 2012) which covered some of the impacts of aspects of AMHP work on stress and burnout. However, a new national survey of AMHPs might be timely, using the JD-R framework to examine the relative importance of the job resources and demands and the 'challenge job demands' we identified as important in AMHP work and to explore their impact on levels of stress and burnout and on AMHPs' motivations to continue or cease working in the role. Whether AMHPs have access to supervision or debriefing after MHA assessments and workplace counselling is not known or what might make this effective. One area for investigation in any such survey is whether having support from a manager with AMHP experience is effective. Using questions and measures that enabled comparison with other social work surveys would be of particular value (such as that by McFadden et al, 2018).

Almost all the research found related to the statutory duties performed by AMHPs, which are all linked to compulsory admission, readmission or treatment, including Community Treatment Orders (orders relating to risk management in community settings). There was some indication that AMHPs are seen as local experts (CQC, 2018) and provide advice on other aspects of mental

health social work to wider professionals. Further research exploring these non-statutory activities would also be of value to delineating their role.

The limited amount of evidence about AMHP training, for which the most recent review occurred over six years ago by the then training regulator, the General Social Care Council (Jones et al, 2012), provides workforce planners with challenges. Jones and colleagues' (2012) study reported broadly positive views, although the time commitment during secondment for training was seen as problematic by some candidates. Further research would be needed to provide evidence about the effectiveness and perceptions of current AMHP training, particularly in the context of the growing investment by English employers in the Think Ahead fast-track programme of training qualifying mental health social workers which is distinctive in its focus. The Think Ahead programme, introduced by the Department of Health in 2016 after it had commissioned research from the Institute for Public Policy Research (Clifton & Thorley, 2014), mirrors the fast-track Frontline employer-led training programme for children's and families' social workers. Further research is needed to establish any link between this new approach to training mental health social workers and numbers of applicants for AMHP training, as well as retention in the profession.

Limitations

This review identified a lack of robust research evidence about the job demands and resources that might affect the number of social workers becoming AMHPs or continuing working in the role. It was focussed on England and does not include observations or data from Wales. We found limited recent quantitative and comparative evidence, which restricts the extent to which we and others can comment on current workforce dynamics and policy options. Some of the references included (e.g. Vicary, 2016) provide evidence about AMHPs from other professions as well as social workers. We have included such findings because they are likely to be relevant to social workers, who make up the vast majority of AMHPs and the majority of research participants. However, it is impossible to disentangle findings from these studies systematically, which is a limitation of this review. While these limitations of our review are acknowledged, there was sufficient data to identify some potential areas for new research and the potential implications of contextual changes, and to propose a broader research agenda.

Conclusion

This article supports the need for a more nuanced exploration of the present AMHP vacancy and recruitment concerns. In addition to considering why social workers want to enter and stay in the AMHP role, there is a need for research in the causes of stress and burnout, on training capacity and decision making; and the limits set to training uptake by employers. Applications to training courses are not the only measure of this since they may be filtered out at early stages by employers' funding commitments. The AMHP workforce is 'employer-led' or employer-created

to a great extent and social workers' own motivations to take on this role are likely to be only a small explanation of the present shortage. The article has explored job resources and demands in relation to AMHP work, which is a starting point for further research examining their relative importance and potential interactions in the impact on numbers of social workers becoming and continuing to work as AMHPs.

In addition, we have suggested areas where job resources could be enhanced, job demands reduced or managed better and the positive influence of 'challenge job demands' be maximised. Social Work England could play a central role in implementing these changes, which may reduce stress and burnout and thereby increase retention of AMHPs, and indeed it seems well placed to address some of the omissions of administrative data noted above. However, these options would all need evaluating, given the lack of robust evidence about the importance of different factors and their impact on recruitment and retention of AMHPs.

Research Ethics

This was a literature review and did not require research ethics review

Funding

The review was funded by the Department of Health and Social Care, Grant Ref: 035/0095

Disclaimer and acknowledgments

Thanks are due to the Department of Health and Social Care (DHSC), who funded the research. The views expressed in this paper are those of the authors and not necessarily those of the DHSC.

References

***Publications included from the literature review**

Abbott, S. (2017). *Using the law in social work: Approved Mental Health Professional practice*. (Doctoral thesis, University of Sussex, Brighton, UK). Retrieved from <http://sro.sussex.ac.uk/id/eprint/77773/>.

*Anonymous. (2013, September 23). Parting Shots – Why I left my Social Work Post and What I'd change [Blog post]. *Parting Shots* [Online]. Retrieved from: <https://fightingmonsters.wordpress.com/2013/09/23/parting-shots-why-i-left-my-social-work-post-and-what-id-change/>

*Association of Directors of Adult Social Services & NHS Benchmarking Network. (2018). *AMHPs, Mental Health Act Assessments and the mental health social care workforce*, London, Association of Directors of Adult Social Services. Retrieved from <https://www.adass.org.uk/national-findings-amhps-mental-health-act-assessments-the-mental-health-social-care-workforce> .

Bakker, A.B. & Demerouti, E. (2007). The Job Demands-Resources model: state of the art. *Journal of Managerial Psychology*, 22, 309-328, DOI: 10.1108/02683940710733115

Bakker, A.B. & Demerouti, E. (2017). Job Demands–Resources Theory: Taking Stock and Looking Forward. *Journal of Occupational Health Psychology*, 22, 273–285. DOI: 10.1037/ocp0000056

Bisman, C. (2004). Social Work Values: The Moral Core of the Profession. *British Journal of Social Work*, 34, 109-123. DOI: 10.1093/bjsw/bch008

British Association of Social Workers (2014). *The Code of Ethics for Social Workers*. London: BASW. Retrieved from: <https://www.basw.co.uk/about-basw/code-ethics>

*Buckland, R. (2016). The decision by Approved Mental Health Professionals to use compulsory powers under the Mental Health Act 1983: a Foucauldian discourse analysis. *British Journal of Social Work*, 46, 46-62. DOI: 10.1093/bjsw/bcu114

*Care Quality Commission (CQC). (2018). *Mental Health Act: Approved Mental Health Professionals services*. Newcastle upon Tyne, Care Quality Commission. Retrieved from: <https://www.cqc.org.uk/publications/themed-work/briefing-mental-health-act-approved-mental-health-professional-services>

Clifton, J. & Thorley, C. (2014). *Think Ahead. Meeting the challenges in mental health social work*. London, Institute for Public Policy Research. Retrieved from <https://www.ippr.org/publications/think-ahead-meeting-the-workforce-challenges-in-mental-health-social-work>

Department of Health (2015). *Mental Health Act 1983. Code of Practice*. London: Department of Health. Retrieved from <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

Department of Health & Care Quality Commission (2016). *The effectiveness of the current approach to national monitoring of Approved Mental Health Professional Services*. London: CQC and the Department of Health. (not available online).

*Dwyer, S. (2012). Walking the tightrope of a Mental Health Act assessment. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health*, 26, 341-353. DOI: 10.1080/02650533.2011.629293

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., et al. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188, 75-80. DOI: 10.1192/bjp.188.1.75

Gilbert, H. (2015). *Mental health under pressure*, London. The King's Fund. Retrieved from: <https://www.kingsfund.org.uk/publications/mental-health-under-pressure>

*Godden, J. (2012, October). National AMHP survey: Reaction from the social work frontline. *Community Care*. Retrieved from: <http://communitycare.mediasys.co.uk/2012/10/02/national-amhp-survey-reaction-from-the-social-work-frontline/>

*Gregor, C. (2010). Unconscious aspects of statutory mental health social work: emotional labour and the approved mental health professional. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health*, 24, 429-443. DOI: [10.1080/02650531003791012](https://doi.org/10.1080/02650531003791012)

Hale, B. (2017). *Mental Health Law*. London: Sweet & Maxwell.

Hall, P. (2014) *An Examination of Mental Health Act Assessments and the Use of Home Treatment*. (Doctoral Thesis) Colchester, University of Essex

*Hannigan, B. & Allen, D. (2010). Giving a fig about roles: policy, context and work in community mental health care. *Journal of Psychiatric and Mental Health Nursing*. 18, 1-8. DOI: 10.1111/j.1365-2850.2010.01631.x

*Hatfield, B. (2008). Powers to Detain under Mental Health Legislation in England and the Role of the Approved Social Worker: An Analysis of Patterns and Trends under the 1983 Mental Health Act in Six Local Authorities. *The British Journal of Social Work*, 38, 1553-1571. DOI: [10.1093/bjsw/bcm046](https://doi.org/10.1093/bjsw/bcm046)

Hochschild, A. (1983). *The Managed Heart: Commercialisation of Human Feeling*. Berkely and Los Angeles, CA: University of California Press. Available from <https://caringlabor.files.wordpress.com/2012/09/the-managed-heart-arlie-russell-hochschild.pdf>

*Hudson, J. & Webber, M. (2012). *The National AMHP Survey 2012: final report. Stress and the statutory role: is there a difference between professional groups?* London, King's College London. Retrieved from: <https://www.scie-socialcareonline.org.uk/the-national-amhp-survey-2012-final-report-stress-and-the-statutory-role-is-there-a-difference-between-professional-groups/r/a11G0000004GhdZIAS>

Hurley, J. & Linsley, P. (2006). Proposed changes to the Mental Health Act of England and Wales: Research indicating future educational and training needs for mental health nurses. *Journal of Psychiatric and Mental Health Nursing*, 13, 48-54. DOI: <https://doi.org/10.1111/j.1365-2850.2006.00911.x>

Hussein, S. (2018). Work Engagement, Burnout and Personal Accomplishments Among Social Workers: A Comparison Between Those Working in Children and Adults' Services in England. *Administration and Policy in Mental Health and Mental Health Services Research*, 45, 911-923. DOI: 10.1007/s10488-018-0872-z

Hutchison, C. & Hickman, N. (2016). *Mental Health*. London: Palgrave.

*Jones, G., L, G., Bayley, K., Christian, L., Hammond, N., Meleyal, L. & Wenman, H. (2012). *GSCC targeted inspections of approved mental health professionals (AMHP) courses in England (2011-12): research report*, London: General Social Care Council. Retrieved from: <http://sro.sussex.ac.uk/56163/>

*McFadden, P., Manthorpe, J. & Mulley, J. (2018). Commonalities and Differences in Social Work with Learning Disability and Child Protection: findings from a UK 'Burnout' national survey. *British Journal of Social Work*, 48, 1199–1219. DOI: <https://doi.org/10.1093/bjsw/bcx070>

*McNicoll, A. (2012, October). One in five AHMPs wants to quit role amid 'unacceptably high' stress levels. *Community Care*. Retrieved from <https://www.communitycare.co.uk/2012/10/02/one-in-five-amhps-wants-to-quit-role-amid-unacceptably-high-stress-levels/>

*McNicoll, A. (2013a, March). AMHP numbers fall at two fifths of councils despite rising demand for support. *Community Care*. Retrieved from: <https://www.communitycare.co.uk/2013/03/20/amhp-numbers-fall-at-two-fifths-of-councils-despite-rising-demand-for-support/>

*McNicoll, A. (2013b, April). Drop in numbers of social workers funded to train as AMHPs. *Community Care*. Retrieved from <https://www.communitycare.co.uk/2013/04/02/drop-in-number-of-social-workers-funded-to-train-as-amhps/> (accessed 25/03/2019)

*McNicoll, A. (2013c, May). Emergency mental health admissions delayed up to 3 weeks due to beds crisis, social workers warn. *Community Care*. Retrieved from: <https://www.communitycare.co.uk/2013/05/31/emergency-mental-health-admissions-delayed-up-to-3-weeks-due-to-beds-crisis,-social-workers-warn/> (accessed 25/03/2019)

*McNicoll, A. (2016, March). Warning over 'severe' AMHP shortages as hundreds leave. *Community Care*. Retrieved from <http://www.communitycare.co.uk/2016/09/07/warning-severe-amhp-shortages-hundreds-bow/>

Maylea, C. (2017). Minimising Coerciveness in Coercion: A Case Study of Social Work Powers under the Victorian Mental Health Act. *Australian Social Work*, 70, 465-476, DOI: 10.1080/0312407X.2017.1326158

Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations (SI 2008/1206). Retrieved from http://www.legislation.gov.uk/uksi/2008/1206/pdfs/uksi_20081206_en.pdf

Moher D., Liberati A., Tetzlaff J., Altman D.G., The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLOS Medicine* 6(7): e1000097. DOI: [10.1371/journal.pmed.1000097](https://doi.org/10.1371/journal.pmed.1000097)

*Morriss, L. (2014). *Accomplishing social work identity in interprofessional mental health teams following the implementation of the Mental Health Act, 2007*. (Doctoral thesis, University of Salford). Retrieved from <http://usir.salford.ac.uk/30876/>

*Morriss, L. (2016). AMHP Work: Dirty or Prestigious? Dirty Work Designations and the Approved Mental Health Professional. *British Journal of Social Work*, 46, 703-718. DOI: 10.1093/bjsw/bcw043

NHS Digital (2016). *Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment: Uses of the Mental Health Act: Annual Statistics, 2015/16*. London, NHS Digital. Retrieved from: <https://digital.nhs.uk/data-and-information/publications/statistical/inpatients-formally-detained-in-hospitals-under-the-mental-health-act-1983-and-patients-subject-to-supervised-community-treatment/inpatients-formally-detained-in-hospitals-under-the-mental-health-act-1983-and-patients-subject-to-supervised-community-treatment-2015-16-annual-figures>

NHS Digital (2018). *Mental Health Act Statistics, Annual Figures: England, 2017-18*. NHS Digital. Retrieved from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures>

*Parker, J. (2010). Approved social worker to approved mental health professional: evaluating the impact of changes within education and training. *Journal of Mental Health Training Education and Practice*. 5(2), 19-26. DOI: 10.5042/jmhtep.2010.0362

Parton, N., & O'Byrne, P. (2000). *Constructive social work: Towards a new practice*. Basingstoke: Macmillan Press.

Perkins, R. & Repper, J. (2017). "Editorial". *Mental Health and Social Inclusion*, 21, 1-4. DOI: 10.1108/MHSI-12-2016-0039

Sarfraz, M., Merrony, I. & Atkins, A. (2016). A survey of Foundation doctors' attitudes towards psychiatry before and after their first clinical working year. *British Journal of Medical Practitioners*, 9(3), pp5. Retrieved from: <http://www.bjmp.org/content/survey-foundation-doctors-attitudes-towards-psychiatry-and-after-their-first-clinical-working-year>

Skills for Care (2018). *The Approved Mental Health Professional Workforce*. Leeds: Skills for Care. Retrieved from: <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/AMHPs-Briefing.pdf>

Stevens, M., Martineau, S., Manthorpe, J., Steils, N. and Norrie, C. (2018). *Who wants to be an Approved Mental Health Professional?* London: Social Care Workforce Research Unit, King's College London. Retrieved from <https://www.kcl.ac.uk/scwru/res/roles/amhp>.

Stevens, M., Sharpe, E., Moriarty, J., Manthorpe, J., Hussein, S. Orme, J., Macintyre, G., Green-Lister, P., Cavanagh, K. & Crisp, B. (2012). Helping others or a rewarding career? Investigating student motivations to train as social workers in England'. *Journal of Social Work*, 12, 16-36. DOI: 10.1177/1468017310380085

*Stone, K. (2016). *Decisions on risk and mental health hospital admission by Approved Mental Health Professionals*. (Doctoral Thesis, University of Bristol, Bristol. Retrieved from: <https://ethos.bl.uk/OrderDetails.do;jsessionid=D4971DDD2ABF5A1BA19BCC4FBBDE3634?uin=uk.bl.ethos.702420>

Thomas, J. & Harden A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(45) pp10. Retrieved from: <https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-8-45>

*Vicary, S. (2017). *An Interpretative Phenomenological Analysis of the impact of professional background on role fulfilment: a study of approved mental health practice*. (Doctoral thesis, University of Manchester, Manchester). Retrieved from: <http://oro.open.ac.uk/51197/>

Vicary, S. Young, A., & Hicks, S. (2019 Advance Access). 'Role Over' or Roll Over? Dirty Work, Shift and Mental Health Act Assessments. *The British Journal of Social Work*, Advance online publication , pp 20 DOI: 10.1093/bjsw/bcz014

*Watson, D. (2016). Becoming an Approved Mental Health Professional: an analysis of the factors that influence individuals to become Approved Mental Health Professionals. *Journal of Mental Health*, 25, 310-314. DOI: 10.3109/09638237.2015.1124393

*Webber, M. (2012, October). AMHP survey analysis: 'a depressingly familiar picture of an undervalued workforce'. *Community Care*. Retrieved from: <http://www.communitycare.co.uk/2012/10/02/AMHP-survey-analysis-a-depressingly-familiar-picture-of-an-undervalued-workforce/>

Wessely, S. (2018). *Modernising the Mental Health Act: increasing choice: reducing compulsion* London: Department of Health and Social Care. Retrieved from: <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

